

APPLICATION FOR CITY RETAILER'S LIQUOR LICENSE

SINGLE OWNER

PARTNERSHIP

The Applicant acknowledges that he is in no way authorized to sell or transfer any license granted and agrees to surrender said license to the City should he cease retail liquor sales for any reason.

To the Local Liquor Commissioner of the City of Sterling:

	application for a Class liquor license in the City of Sterling at retail; and in connection herewith submits the following information:				
Name of Applicant					
2. Home Address					
3. Home Phone	Business Phone				
4. Date of Birth	Social Security Number				
5. City and State of Birth					
6. Driver's License Number	State				
7. U. S. Citizen? Yes No If	naturalized, give date and place of naturalization				
1) Home Phone 2) Home Phone 3) Home Phone	Address Business Phone Business Phone Address Business Phone Business Phone Business Phone Business Phone Address Business Phone Address Business Phone Address Business Phone Bus				
	Phone Number				
Audi C33	i none number				

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10. Length of time in this business (year started)
11. Length of time in retail liquor business (year started)
12. Have you or any member of your immediate family made application for similar license of this premises? Yes No If so, what was the disposition of the application?
13. Have you ever been convicted of a felony under the law or been disqualified to receive a license by reason of any matter or thing contained in the state statutes of any state or city ordinance of any city? Yes No Location:
14. Have you received or borrowed money or anything else of value or will you receive or borrow money or anything else of value (other than merchandising credit in the ordinary course of business for a period not to exceed ninety (90) days), directly or indirectly from any manufacturer, importing distributor or distributor or be a party in any way directly or indirectly to any violation by a manufacturer, distributor or importing distributor? Yes No
15. Has a previous license granted by any state or subdivision thereof or by the federal government ever been revoked or suspended? Yes No If so, explain reason:
16. Is the location of applicant's business for which license is sought within 100 feet, property line to property line, except institutions of higher learning, of any school, hospital, home for aged, or any military or naval station, or 100 feet, building to building from a church? Yes No
17. Is any law enforcing public official, mayor, alderman, member of the City Council or commission or any president or member of a county board directly or indirectly interested in the business, including having a monetary interest, for which license is sought? Yes No
18. Will the business be conducted by a manager? Yes No If so, Give name and address of such manager, who is a resident of the City of Sterling
(A separate application must be completed by the manager.)
19. Do you hold any other current license issued by the City of Sterling? Yes No If so, what type of license do you currently hold and what is the address of the licensed premises?
20. Have you or any member of your immediate family made application for a similar other (liquor) license for premises other than described in this application? Yes No If so, give date, location of premises and disposition of application.
21. Has any license previously issued to you or any member of your immediate family by any state, federal or local authorities been revoked or suspended? Yes No If so, state reasons thereof and date of revocation or suspension, and location.

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22. Will you familiarize yourself with all laws of the United States, State of Illinois, and ordinances of the City of Sterling, pertaining to the sale of alcoholic liquor and abide by them? Yes No							
23. Will you maintain the entire premises in a clean and sanitary manner, free from conditions which might cause accidents? Yes No							
24. Will you attempt to prevent rowdiness, fights and disorderly conduct of any kind and immediately notify the Police Department as any such events take place? Yes No							
25. Have you ever been convicted of being the keeper of a house of ill fame; or of pandering or other crime or misdemeanor opposed to decency or morality? Yes No If so, state date(s) or location(s) of offense(s):							
26. Have you, or in the case of a partnership, any of the partners, ever been convicted of any violation of any law pertaining to alcoholic liquor? Yes No							
27. Have you or any member of your immediate family or your manager ever been a member of a corporation convicted of any violation of any law pertaining to alcoholic liquor? Yes No Explain:							
28. Have you ever permitted any appearance bond forfeiture for any of the violations mentioned above? Yes No Location:							
29. Does applicant own premises for which this license is sought? Yes No							
30. Does applicant have a lease on such premises covering the full period or which license is sought? Yes No If so, give name and address of Lessor:							
Period covered by lease: From to Attach lease to this application.							

32. Attach list of partners or those responsible for the operation of the establishment to be licensed.

AFFIDAVIT

STATE OF ILLINOIS COUNTY OF WHITESIDE)) ss.						
I (we) swear (affirm) that I or the laws of the State of I of the place of business de	Illinois or the	e laws of the Unite					
I (we) further swear (affirm) that the statements contained in this application are true and correct to the best of my (our) knowledge and belief.							
I (we) hereby authorize the the issuance of this request		nformation that m	ay qualify or disqu	alify me (us) for			
I (we) will hold harmless and not liable, any supplier of such information that is given to the City of Sterling or its agent for the purpose of this license application.							
I (we) understand and agre for non-issuance and/or su			tion of this informa	tion is grounds			
Signature of Applicant		 Signatur	re of Applicant				
Subscribed and sworn before n	ne on this	day of	, 20				
Notary Public							
Attacker and a							
Attachments: Partner List Copy of Lease Manager's application Surety bond Dram Shop Insurance		Expiration date Expiration date		- -			

Revised 2/1/03